



Iowa Care for Yourself – WISEWOMAN Program FY2014 through FY2016

Cardiovascular Screening Protocol Information Manual **February 2015**



| Iowa Department of Public Health 321 E. 12th Street | Des Moines, IA 50319 |
515-281-6779

www.idph.iowa.gov/careforyourself





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WELCOME

Introduction

Iowa *Care for Yourself* (CFY) WISEWOMAN (**W**ell-**I**ntegrated **S**creening and **E**valuation for **W**omen **A**cross the **N**ation) is a public health program of the Iowa Department of Public Health, which provides cardiovascular (CVD) screening focusing on hypertension control, integrated with the Iowa Breast and Cervical Cancer Early Detection Program (NBCCEDP) funded by the Centers for Disease Control and Prevention (CDC). Participants receive cardiovascular screening together with breast and cervical cancer (BCC) screening.

WISEWOMAN extends the BCCEDP with additional preventive health services:

- Heart disease and stroke risk factor screening, which includes blood pressure (two measurements at each screening visit), cholesterol, glucose, height, weight, hip and waist circumference, personal family and medical history, lifestyle history, and readiness to change assessments.
- Lifestyle programs that promote heart-healthy eating and physical activity.
- Links for participants to free or low-cost community-based nutrition, physical activity, and tobacco cessation resources.
- Follow up blood pressure office visit (single follow up visit) for clients identified with an abnormal and/or alert value blood pressure at the baseline screening.

Vision of Iowa CFY WISEWOMAN

A world where all women can access preventive health services and gain the wisdom to improve her health.

Mission of Iowa CFY WISEWOMAN

Provide low-income, underinsured, or uninsured 40- to 64-year-old women with the knowledge, skills, and opportunities to improve their diet, physical activity, and other life habits to prevent, delay, or control cardiovascular and other chronic diseases, such as diabetes and cancers.



How and Why Did WISEWOMAN Start?

Heart disease, stroke, cancer, and diabetes account for about two-thirds of all deaths in the United States. Many studies have shown that we can lower people's risk for illness and death from these chronic diseases by reducing risk factors such as high blood pressure, high cholesterol, obesity, poor diet, sedentary lifestyle, and smoking. However, screening, behavioral interventions, and any necessary treatment services for these risk factors are often beyond the reach of underinsured and uninsured women, as according to the Department of Health and Human Services Region VII Status of Women in Iowa, 13.9% of all women are below the federal poverty level and of those 13.9%, approximately 43% are ages 45 and older.

To address this unmet need for preventing and detecting heart disease, stroke, and their risk factors among uninsured women, WISEWOMAN was authorized as a program in 1993 through federal legislative supplement to the law that established The Centers for Disease Control and Prevention's (CDC) Nation Breast and Cervical Cancer Early Detection Program (NBCCEDP).

In 1995, CDC launched the first WISEWOMAN demonstration projects in three states: Massachusetts, Arizona, and North Carolina. In 2001, Congress authorized WISEWOMAN to expand to 15 states, including Iowa. Today, Iowa continues as one of 21-funded programs in 20 states, including two tribal organizations in Alaska.

Provider Participation

Identified healthcare providers in the state have an opportunity to participate in the *Care for Yourself*-WISEWOMEN Program. Providers who participate in the program adhere to the following:

- **Sign a five-page contract (Appendix A)** - The five-page contract allows health care providers to participate in the Program by agreeing to follow procedures described in each direct service section of the program's Provider Contract Manual.
 - *Care for Yourself* – WISEWOMAN Cooperative Agreement;
 - *Care for Yourself* – WISEWOMAN Application for Health Care Facility and Health Care Provider Enrollment;
- **Copy of the facility W-9 form.**
- **Copy of CLIA Certificate if applicable.**
- **Accept the fee schedule** - See *Care for Yourself* website, <http://www.idph.state.ia.us/CFY/Providers.aspx> for a complete list of services and the program's reimbursement rates.
- **Supply needed data about those screened** - The program attempts to interfere as little as possible with your facility's standard procedures while collecting important public health information about enrolled clients. This manual describes all documentation needed to participate in the program.
- **Submit for reimbursement of procedures according to program guidelines** - Procedures are reimbursed for enrolled clients according to the guidelines set by the program's funder, the Centers for Disease Control and Prevention. These guidelines are designed to meet the greatest public health need.
- **Assure staff participation in professional continuing education** and training necessary to provide competent breast and cervical cancer screening, cardiovascular screening, diabetes screening, and follow up services.
- **Assure that healthcare providers serving the clients of the program have a valid, current license, certification or registration** to practice their profession or occupation as required by state statutes.
- **Maintain appropriate state and federal occupational and facility licenses and certifications** required to perform the services provided.
- **Adhere to Screening Guidelines (See Appendix) and other policies set forth in this manual.**
- **Utilize only the contracted providers for referral.**
- **Discuss with client the services that are not covered by the Program and how those services will be paid for.**

Email the five-page contract with the attached Cooperative Agreement and Application for Health Care Facility and Provider Enrollment to Gena Hodges at Gena.Hodges@idph.iowa.gov

Questions on provider agreement/application, please call Sonya Loynachan, Program Manager at 515-725-0693.



Enrollment & Eligibility

CFY WISEWOMAN Program Enrollment and Eligibility

As of July 1, 2014, the *Care for Yourself* - WISEWOMEN Program Screening Program will implement new procedures for enrolling women into the screening programs. The program will serve the following:

- Women ages 40 to 64 years;
- Have incomes of up to 250% of Federal Poverty Level (FPL);
- Are uninsured or underinsured;
- Must be a Breast and Cervical Cancer Early Detection Program (BCCEDP) participant enrolled for integrated CFY program services (breast cancer screening and/or cervical cancer screening combined clinical office visit with WISEWOMAN screening services);
- Must reside in Iowa (Iowa CFY WISEWOMAN Program)*; and

*In the case where a non-Iowa resident is enrolled in CFY WISEWOMAN Program and uses a non-Iowa health care provider, services will not be reimbursed. The surrounding states of Nebraska, South Dakota, Minnesota, Wisconsin, Illinois, and Missouri all have the National Breast and Cervical Cancer Early Detection Program integrated with WISEWOMAN available to their residents.

Program & Documentation Guidance


The *Care for Yourself* - WISEWOMEN Program Screening Program services include

- A paid office visit that includes appropriate/recommended breast and cervical cancer screening and cardiovascular screening;
 - Two blood pressure measurements collected during the same date office visit;
 - *If an abnormal or alert value is identified, one follow-up office visit will be paid for (See **Appendix B and C**);
 - Height and weight;
 - Hip and waist circumference;(See **Appendix B**)
 - Fasting blood lipids (See **Appendix B**);
 - Fasting glucose measurements or glycated HbA1c (*only for clients previously diagnosed with diabetes) (See **Appendix B**);
 - *If an alert value is identified, one follow-up office visit will be paid for (See **Appendix B**); and
- Tobacco cessation referral.

Cardiovascular (CVD) / Diabetes Screening

The policy for CVD screening of clients (40-64 yrs.) will be as follows:

- Baseline Screening: Clients 40-64 years of age will be eligible to receive an initial CVD screening in conjunction with a routine Breast and/or Cervical Screening visit.
 - o The client should arrive at her appointment fasting for lab draw if not conducted prior to screening visit. (No food or drink for 9 hours)
 - o Labs should be done within 30 days before or after the screening office visit.
- Second Screening: Clients will be eligible for a second required CVD screening at her next routine Breast and/or Cervical screening visit.
 - o According to Program protocols, this visit should be 12-18 months after the initial screening visit.
- A CVD screening includes all of the following at each baseline or second screening visit:
 - Height and weight measurements
 - Two blood pressure readings*
 - Hip and waist circumference measurements
 - Fasting Total Cholesterol and HDL testing
 - Fasting Blood glucose or an Hgb A1C if client already has a diagnosis of diabetes.



Also at each visit: Clients and clinicians should engage in dialog regarding tobacco use, medication access and adherence if applicable and risk reduction counseling related to healthy eating and physical activity.

A1c Testing for Clients age 40-64

Clients can have an Hgb A1c paid for by the program ONLY if the client has been previously diagnosed with diabetes. These clients are eligible to receive an A1c test in conjunction with their initial breast and cervical screening visit and/or at their second required screening visit.

***Blood Pressure Measurement Technique:**

- Patients should not smoke, exercise, or have caffeine for at least 30 minutes before their blood pressure is measured.
- Patients should be seated quietly for at least 5 minutes in a chair (rather than on an exam table), with feet on the floor and arms supported at heart level.
- An appropriate sized cuff should be used (cuff bladder encircling at least 80% of the arm).
- A mercury sphygmomanometer, a recently calibrated aneroid manometer, or a validated electronic device should be used.
- At least two measurements should be taken and recorded, separated by a minimum of 2 minutes. If the first two readings differ by more than 5mmHg, additional measurements should be taken.

Medication Access/Adherence: Due to federal funding restrictions, the Program cannot assist clients financially with any medication a provider may prescribe for clients. A list of key resources for free or low-cost medications can be found in the Resources section of this manual.

Abnormal Screening Value: High blood pressure (hypertension) for adults is classified as a systolic blood pressure of 140 mmHg or higher, or a diastolic blood pressure of 90 mmHg or higher. Refer to **Appendix B and C**.

Clinicians are expected to provide appropriate medical evaluation in accordance with national guidelines (JNC-7) immediately or within one to three weeks following an abnormal high blood pressure measurement, for women without previously known hypertension

Alert Screening Values: Clinicians are expected to provide appropriate medical evaluation in accordance with national guidelines (JNC-7 and 2013 American Diabetes Association standards of medical care) immediately or within 7 days of alert



measurement. **The Program will pay for one follow-up visits, but cannot pay for treatment.**

- Alert values (See **Appendix B and C**) are defined as:
 - Systolic Blood Pressure >180 mmHg Systolic or >110 Diastolic Blood Pressure on CDC WISEWOMAN Guidance for the start of this program project period.
 - Fasting or non-fasting Blood Glucose ≤ 50 mg/dL or ≥ 250 mg/dL.

Compensation & Billing

Compensation and Billing

Before being reimbursed by the *Care for Yourself*- WISEWOMEN Program healthcare providers agree to provide reports of findings and recommendations which are necessary to compile data and reports to the funder, the Centers for Disease Control and Prevention.

The *Care for Yourself* - WISEWOMEN Program contracts with Provider Claim Systems (PCS), a division of North Iowa Community Action Organization, to process claims and reimburse health care providers for covered services.

Reimbursable Services

Program reimbursement services and payment schedule can be found on the Care for Yourself website - <http://www.idph.state.ia.us/CFY/Providers.aspx>.

Federal law requires that reimbursement with federal funds may not exceed Iowa Medicare Part B rates. Medicare and IA CFY Program reimbursement rates are updated annually. A woman enrolled in the IA CFY Program should not be billed for:

- o Any *Care for Yourself*- WISEWOMEN Program covered service, and
- o Collection and transportation of specimens. These costs are to be included in the office visit reimbursement. They should not be billed separately.

Claims Processing: Contact Provider Claim System (PCS)

- 1) Submit claims for reimbursement of services according to local *Care for Yourself* Program coordinator request; or
- 2) Provider facilities can submit claims to Provider Claim Systems (PCS) at the address below:

WISEWOMAN Program/Provider Claim Systems

PO Box 1608

Mason City, IA 50402-1608

Questions related about claims can be directed to 1-800-547-6789.

Allow 3 weeks for reimbursement from the time PCS receives the claim for reimbursement. PCS will send a remittance notice with the reimbursement check to identify claims is being paid to the provider/health care facility.

CLAIM FORMS

Originals of the HCFA 1500 and the UB 04 are the only accepted forms to submit claims for payment. The following information must be included for a claim to be processed:

- Participant name and address
- Participant ID number
- Participant Birth date
- Date of service
- CPT code for each approved service(s) provided
- Charge for service
- Facility name, address, Tax ID number and NPI number
- Billing name, address and NPI number
- If insurance is involved, complete the following:
 - For the HCFA 1500, Boxes 28 (Total Charge), 29 (Amount Paid), & 30 (Balance Due)
 - For the UB 04, Boxes 54 (Prior Payments) and 55 (Est. Amount Due)
 - Submit the Explanation of Benefits (EOB) from an insurance company

Third- Party Billing

The Care for Yourself – WISEWOMAN program is the payer of last resort. Participating healthcare providers agree to file insurance, Medicare and other third-party claims first. You agree to accept the rates listed on the Fee Schedule (Appendix B) as payment in full.

If the third-party payment is greater than or equal to the maximum allowable cost described in the Fee Schedule, that amount must be considered payment in full. **DO NOT BILL** the program or the client for services.

If the third-party payment is less than maximum allowable costs described in the Fee Schedule, the claim should be sent to the Program, along with a copy of the explanation of benefits from the third-party payer. **Do not bill the client for these services.**

Resources

Professional and Public Education and Informational Resources

American Heart Association -

Statements, Guidelines & Clinical Updates

http://www.heart.org/HEARTORG/HealthcareResearch/Healthcare-Research_UCM_001093_SubHomePage.jsp

Blood Pressure

The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7)

<http://www.nhlbi.nih.gov/guidelines/hypertension/>

United States Preventive Services Task Force (USPSTF) – Screening for High Blood Pressure Task Force Recommendation's

<http://www.uspreventiveservicestaskforce.org/uspstf07/hbp/hbpsum.htm>

Diabetes

American Diabetes Association Clinical Practice Recommendations:

<http://professional.diabetes.org/ResourcesForProfessionals.aspx?cid=84160>

CDC Diabetes: www.cdc.gov/diabetes

Diet – Healthy Eating

Dietary Guidelines for Americans

<http://www.healthierus.gov/dietaryguidelines/>

Therapeutic Lifestyle Changes (TLC) diet principles (ATP III)

<http://www.nhlbi.nih.gov/guidelines/cholesterol/atp3upd04.htm>

DASH eating plan (JNC 7)

<http://www.nhlbi.nih.gov/health/public/heart/hbp/dash/>

Cholesterol

National Cholesterol Education Program, Adult Treatment Panel III Report (ATP III)

<http://www.nhlbi.nih.gov/guidelines/cholesterol/>



Implications of Recent Clinical Trials for the National Cholesterol
Education Program Adult Treatment Panel III Guidelines
<http://rover2.nhlbi.nih.gov/guidelines/cholesterol/atp3upd04.htm>

Heart and Stroke

Million Hearts Initiative: <http://millionhearts.hhs.gov/index.html>

CDC Heart Disease and Stroke Prevention: <http://www.cdc.gov/dhdsp/>

Krames Patient Education

(800) 333-3032
1100 Grundy Lane
San Bruno, CA 94066-3030
<http://www.krames.com>
*One-stop-shop for client education materials in a variety of print and electronic formats
available for purchase.*

Medline Plus

www.medlineplus.gov
*A service of U.S. National Library of Medicine and the National Institutes of Health. Site
contains information on more than 650 health topics, drug information, a medical
encyclopedia, and dictionary, as well as directories, current news and interactive
tutorials. (Select articles available in 40 different languages, downloadable in PDF
format.)*

Medication Access – Due to federal funding rules WISEWOMAN program funds cannot be
used for treatment, including medication. Therefore, State/Tribal programs must develop a
system to ensure access to free or low-cost medications for women who require this
augmentation to lifestyle behavior changes.

Minimum data elements related to medication access for women with alert
screening values must be collected and submitted to CDC.

A list of potential resources follows.*

340B Drug Discount Program


<http://www.hrsa.gov/opa/introduction.htm>
A Health Resources and Services Administration program that gives certain Federally
funded grantees access to low-cost pharmaceutical drugs.

MySimon Prescription Drugs

www.mysimon.com/category/index.ihtml?c=prescriptiondrugs
A Web site that compares the prices of pharmaceutical products available
on the Web.

PhRMA Directory of Patient Assistance Programs

<http://www.phrma.org/searchcures/dpdpap/>
A directory of Pharmaceutical Research and Manufacturers of America



members who ensure access to medicines to people who cannot afford to purchase them.

Rx Assist

<http://www.rxassist.org/default.cfm>

A Web site developed by Volunteers in Health Care, a program of the Robert Wood Johnson Foundation, to provide health care practitioners with information on how to access programs that offer a limited supply of free or low-cost medications.

Rx Hope

<https://www.rxhope.com/>

A free program that helps physician's offices apply for, obtain, and track requests for no-cost medications offered by Federal, State, and charitable organizations.

State Pharmaceutical Assistance Programs

<http://www.medicare.gov/spap.asp>

A Web site that identifies states that have programs to provide pharmaceutical coverage or assistance, primarily to low-income older people or people with disabilities who do not qualify for Medicaid.

*** NOTE:** Links to non-Federal organizations in this document are provided solely as a courtesy to health care providers and agencies. These links do not constitute endorsements of these organizations or their programs by CDC or the Federal government, CDC nor the state program is responsible for the content of the individual organizations' Web pages found at these links.

National Women's Health Information Center

www.4woman.gov

Gateway for women's health resources and materials for consumers and professionals. Maintained by the U.S. Dept. of Health & Human Services.

National Women's Health Network

(202)682-2640

www.nwhn.org

Provides newsletters and position papers on women's health topics.

Office of Minority Health


<http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=1&lvlID=7>

The Office is dedicated to improving the health of racial and ethnic minority populations through the development of health policies and programs that will help eliminate health disparities.

Obesity Education Initiative's Guidelines for Weight Management

<http://www.nhlbi.nih.gov/about/oei/>

The Practical Guide: Identification, Evaluation, and Treatment of



Overweight and Obesity in Adults

http://www.nhlbi.nih.gov/guidelines/obesity/ob_home.htm

Physical Activity

CDC/American College of Sports Medicine (ACSM) recommendations

http://www.cdc.gov/nccdphp/dnpa/physical/recommendations/older_adults.htm

Surgeon General's recommendations for physical activity

<http://www.cdc.gov/nccdphp/sgr/contents.htm>

The Task Force on Community Preventive Services systematic reviews of community interventions to increase physical activity

<http://www.thecommunityguide.org/pa/default.htm>

Tobacco Cessation

Quitline Iowa

<https://www.quitnow.net/iowa/>

Additional Resources can be found at:

<http://www.cdc.gov/wisewoman/>

Glossary

A1C Test – Glycated hemoglobin, as known as hemoglobin A1c or A1C, or sometimes also HbA1c. It is a hemoglobin test to measure the average plasma glucose concentration over previous months (approximately over six to 12 weeks of time; over a period of 120 days) to assess how diabetes is being controlled and is used in conjunction with home blood sugar monitoring to make adjustments in medicines for patients with diabetes.

For persons without diabetes, the normal range for the hemoglobin A1c test is between 4% and 5.6%. Hemoglobin A1c levels between 5.7% and 6.4% indicate increased risk of diabetes, and levels of 6.5% or higher indicate diabetes. Because studies have repeatedly shown that out-of-control diabetes results in complications from the disease, the **goal for people with diabetes is a hemoglobin A1c less than 7%.** The higher the hemoglobin A1c, the higher the risks of developing complications related to diabetes.

ATP III – Adult Treatment Panel III Report (National Cholesterol Education Program, 2001)

BCCEDP - Breast and Cervical Cancer Early Detection Program a State/Tribal-level program is federal funded through the CDC resulting from the Breast and Cervical Cancer Mortality Prevention Act of 1990 (Public Law 101-354) legislated in 1995. The WISEWOMAN program was a legislative supplement to the Breast and Cervical Cancer Mortality Prevention Act, in 1993 through legislative. WISEWOMAN originally began as a demonstration project and then as a program in 1995.

BODY MASS INDEX (BMI) – A measurement of body mass that is correlated with skinfold thickness and body density.

CARDIOVASCULAR – Pertaining to the heart and blood vessels.

CDC – Acronym for Centers for Disease Control and Prevention.

CFY – *Care for Yourself program*

CLIA – Clinical Laboratory Improvement Amendments standards for laboratories.

CHOLESTEROL – A waxy, fat-like substance present in every cell in the body and in many foods.



CVD – Acronym for Cardiovascular Disease.

DASH – Dietary Approaches to Stop Hypertension

DBP – Diastolic blood pressure

DHHS – Department of Health and Human Services

DIABETES – Diabetes mellitus is a chronic syndrome of impaired carbohydrate, protein, and fat metabolism due to insufficient secretion of insulin or to target tissue insulin resistance.

DIAGNOSTIC SERVICES – Services rendered to a client who needs follow up after a screening visit that resulted in an abnormal finding.

FASTING – Abstaining from all food and drink, 9 hours.

FOLLOW UP VISIT – A scheduled repeat visit with a client to reevaluate a condition that was noted at the screening visit, as abnormal or alert value.

HC – Health Care Provider

HBP – High blood pressure

HDL-C – High-density lipoprotein cholesterol


HTN – Hypertension

HYPERTENSION – Persistently high arterial blood pressure

JNC 7 – Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC7, 2007)

LDL-C – Low-density lipoprotein cholesterol

LIPID PANEL – A group of blood tests that determines risk of coronary heart disease; includes total cholesterol, HDL, LDL, and triglycerides.



MDE – Minimum data element

MTM – Medicated Therapy Management

NHLBI – National Heart, Lung, and Blood Institute

NIH – National Institutes of Health

OBESE – Having a body mass index (BMI) of 30 or above

RISK FACTORS – An aspect of personal behavior or lifestyle, environment exposure, or inherited characteristic which, on the basis of epidemiologic evidence, is known to be associated with a health related condition considered important to prevent.

SCREENING GUIDELINES – Screening requirements for WISEWOMEN for reimbursement by program funder.

SBP – Systolic blood pressure

TLC – Therapeutic lifestyle changes

WISEWOMEN -- (Well-Integrated Screening and Evaluation for Women Across the Nation)



Appendix



Iowa Department of Public Health
Promoting and Protecting the Health of Iowans

Gerd W. Clabaugh, MPA
Director

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

To: Health Care Facilities & Health Care Providers
From: Iowa *Care for Yourself* – WISEWOMAN Program
Re: Information about Health Care Provider Enrollment

Thank you for agreeing to provide services for the *Care for Yourself (CFY) – WISEWOMAN Program*. The *Care for Yourself Program* is administered by the Iowa Department of Public Health (IDPH) and funded with federal funds through the Centers for Disease Control and Prevention (CDC).

Prior to enrolling as a health care facility for the *Care for Yourself – WISEWOMAN Program*, please review the Health Care Facility and Health Care Provider Guide. Enrollment documents can be found at:
www.idph.state.ia.us/CFY/Providers.aspx

The following items must be completed and returned to the Iowa Department of Public Health.

- The **Iowa *Care for Yourself* – WISEWOMAN Cooperative Agreement**
 - Only one Cooperative Agreement per Corporation/Tax ID number is required.
- The **Iowa *Care for Yourself* – WISEWOMAN Application for Health Care Facility and Health Care Provider Enrollment**
 - Each participating facility including the corporation/lead facility will need to fill out the two-page “**Application for Health Care Facility Enrollment**” that will (a) confirm the physical location of each facility, and (b) identify a point of contact for each facility and (c) its billing staff.
 - On the Application for Health Care Facility and Health Care Provider Enrollment, list the names of all health care providers within each facility who will be providing *Care for Yourself* – WISEWOMAN screening services.
- W-9 form, signed within the last 12 months; and
- A copy of the CLIA Certificate, if applicable.

The cooperative agreement is not effective until the document has been fully executed with signatures of both parties and received by the Corporation/Lead Facility. The fully executed agreement will be scanned and electronically sent back to the applicant.

To submit the required materials, please send them in an email to Gena.Hodges@idph.iowa.gov. The subject line should state “**WW Enrollment**” and the **Corporation/Lead Facility name**.

For further questions, please contact Gena Hodges at Gena.Hodges@idph.iowa.gov or 515-281-4909.



Iowa Department of Public Health
Promoting and Protecting the Health of Iowans

Gerd W. Clabaugh, MPA
Director

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Governor

Kim Reynolds
Lt. Governor

Iowa Care for Yourself – Comprehensive (WISEWOMAN) Cooperative Agreement
BETWEEN
THE IOWA DEPARTMENT OF PUBLIC HEALTH AND

Corporation/Lead Facility Name			
Mailing Address	City	State	Zip
Contact and Phone Number		Contact Email	
NPI Number		Tax ID Number	

The Iowa Department of Public Health (DEPARTMENT), Division of Health Promotion and Chronic Disease Prevention Iowa *Care for Yourself* program has been awarded funds from the Centers for Disease Control and Prevention (CDC) to provide cardiovascular screenings and intervention services. The Iowa *Care for Yourself* - Comprehensive (WISEWOMAN) services are designed to help reduce cardiovascular morbidity and mortality through early detection and treatment.

The project will provide reimbursement for the following services based on approved CPT Codes paid at Medicare Part B Participating Provider rates. Claim payments will be provided by an IDPH-contracted third-party claim processing and payment service.

- A. The health care provider and facility must be enrolled to provide breast and cervical cancer screenings with the *Care for Yourself* Program. The health care provider shall provide appropriate/recommended cardiovascular screening services to eligible participants in an office visit that consist of:
- a) Two blood pressure measurements collected during the same office visit
 - If an **abnormal** value is identified, one follow-up office visit will be paid for follow-up services
 - If an **alert** value is identified, one follow-up office visit will be paid, for follow-up services
 - b) Height, weight, hip circumference and waist circumference
 - Fasting blood lipid screenings
 - Fasting glucose measurements and/or HbA1C (only for clients with a non-fasting glucose and/or previously diagnosed with diabetes)
 - a) If an **alert** value is identified, one follow-up office visit will be paid for follow-up services

The CORPORATION/LEAD FACILITY agrees to the terms and conditions set forth below.

- I. The CORPORATION/LEAD FACILITY agrees to abide by the terms and conditions of program guidelines as listed in the Health Care Provider Guide and all requirements of 641 Iowa Administrative Code, Chapter 8 (effective April 2012). The CORPORATION/LEAD FACILITY

agrees that the DEPARTMENT, at its sole discretion, may modify or alter program guidelines at any time. The DEPARTMENT will notify the CORPORATION/LEAD FACILITY of any changes within thirty (30) days of the change(s).

- II. The DEPARTMENT will reimburse the CORPORATION/LEAD FACILITY, through its third party payer, for an office visit to include two (2) blood pressure readings, height, weight, hip circumference and waist circumference measurements, fasting lipid panel and fasting glucose and/or HbA1C. All services will be reimbursed according to the current Medicare Part B Participating Provider rate, as mandated by the authorizing Federal legislation. The DEPARTMENT will reimburse the CORPORATION/LEAD FACILITY for patient co-pay and deductibles up to the designated program rate. (See the program website at: <http://www.idph.state.ia.us/CFY/Providers.aspx> for the most up-to-date reimbursement schedule and a list of approved CPT codes with associated Medicare Part B participating health care provider rates.)
- III. The DEPARTMENT will serve as the payer of last resort for uninsured and underinsured program eligible women enrolled in the program prior to or at time of provision of services.
 - A. The CORPORATION/LEAD FACILITY agrees to accept the program reimbursement rate as payment in full and will not bill individual patients or the DEPARTMENT for any additional costs.
 - B. The CORPORATION/LEAD FACILITY shall not use DEPARTMENT funds to replace funds from other sources, such as existing federal or state funds which the Health Care Provider uses for breast and cervical cancer and related tracking, follow-up and referral services over which the CORPORATION/LEAD FACILITY exercises discretion.
 - C. All CORPORATION/LEAD FACILITY services pursuant to this cooperative agreement shall be performed to the satisfaction of the DEPARTMENT, and in accordance with all applicable federal, state, and local laws, ordinances, rules and regulations.
- IV. Reimbursement will NOT be made for services performed until the cooperative agreement is signed by the CORPORATION/LEAD FACILITY and the DEPARTMENT.
- V. **SUSPENSION OR TERMINATION**
 - A. The DEPARTMENT or CORPORATION/LEAD FACILITY may terminate this agreement at any time, with or without cause, upon sixty (60) days written notice to the other party. In the event of such, termination, the CORPORATION/LEAD FACILITY shall be entitled to payment for services satisfactorily performed.
 - B. Continuation of this agreement beyond the last day of the program fiscal year is contingent upon continued award of funds from the Centers for Disease Control and Prevention (CDC). If these funds are not awarded, the DEPARTMENT shall immediately notify the CORPORATION/LEAD FACILITY in writing thirty (30) days prior to termination.
 - C. This agreement may be temporarily suspended upon immediate notice if the DEPARTMENT determines that funds allocated for screening will soon be, or have been, expended. The agreement will automatically be resumed when additional funding is obtained, unless the CORPORATION/LEAD FACILITY notifies the DEPARTMENT in writing that the CORPORATION/LEAD FACILITY does not wish to resume participation in the program, at which point this agreement shall be deemed terminated.
- VI. **ACCOUNTS AND RECORDS**
 - A. The CORPORATION/LEAD FACILITY shall maintain accurate, current, and complete records of the financial activity of this contract, including records which adequately identify the source and application of funds. Cash contributions made by the CORPORATION/LEAD FACILITY and third party in-kind (property or service) contributions shall be verifiable from the CORPORATION/LEAD FACILITY'S records. These records must contain information pertaining to contract amount, obligations, unobligated balances, assets, liabilities, expenditures, income and third-party reimbursements.

- B. The CORPORATION/LEAD FACILITY shall retain all medical records for a period of six (6) years from the day the CORPORATION/LEAD FACILITY submits its final expenditure report.
 - C. The CORPORATION/LEAD FACILITY shall maintain the confidentiality of all records of the project in accordance with state and federal laws, rules, and regulations, and the terms of section –IX. of this cooperative agreement.
- VII. INSURANCE: The CORPORATION/LEAD FACILITY shall procure and maintain such insurance as is required by applicable federal and state law and regulation. Such insurance should include, but not be limited to, the following: liability insurance, fidelity bonding of persons entrusted with handling of funds, workers compensation, unemployment insurance, and professional liability.
- VIII. INDEMNIFICATION: The CORPORATION/LEAD FACILITY and its successors and assignees agree to indemnify and hold harmless the State of Iowa and the DEPARTMENT and its officers, employees, agents, and volunteers from any and all liabilities, damages, settlements, judgments, costs and expenses, including the reasonable value of time spent by the Attorney General's Office and the costs and expenses and reasonable attorney fees of other counsel required to defend the DEPARTMENT or the State of Iowa, related to or arising from any of the following:
 - A. Any violation of this contract.
 - B. Any negligent, intentional, or wrongful act or omission of the CORPORATION/LEAD FACILITY, its officers, employees, agents, board members, health care providers or subfacilities, or any other person in connection with this program.
 - C. Any infringement of any patent, trademark, trade dress, trade secret, copyright, or other intellectual property right.
 - D. The CORPORATION/LEAD FACILITY'S performance or attempted performance of this contract.
 - E. Any failure by the CORPORATION/LEAD FACILITY to comply with all federal, state, and local laws and regulations.
 - F. Any failure by the CORPORATION/LEAD FACILITY to make all reports, payments, and withholdings required by federal and state law with respect to social security, employee income, and other taxes, fees, or costs required by the CORPORATION/LEAD FACILITY to conduct business in the State of Iowa.
 - G. The death, bodily injury or damage to property of any enrollee, agent, employee, business invitee or business visitor of the CORPORATION/LEAD FACILITY or any of its subfacilities.
 - H. Any failure by the CORPORATION/LEAD FACILITY to adhere to the confidentiality provisions of this contract.
- IX. CONFIDENTIALITY
 - A. Release of Contract Information to the DEPARTMENT: The CORPORATION/LEAD FACILITY agrees to provide to the DEPARTMENT, upon request, all records related to the contract including, but not limited to, client records, statistical information, board and other administrative records, and financial records, including budget, accounting activities, financial statements, and the annual audit in accordance with Code of Federal Regulations, Title 45.
 - B. Confidentiality of Client Records: The CORPORATION/LEAD FACILITY'S policies and procedures shall provide that records regarding the identity, diagnosis, prognosis, and services provided to any client in connection with the performance of the contract are

confidential and that such records shall be disclosed only under the circumstances expressly authorized under state or federal confidentiality laws, rules or regulations.

- C. Security of Client Files and Data: The CORPORATION/LEAD FACILITY'S employees, agents, and subfacilities shall be allowed access to confidential records only as necessary for the performance of their duties related to the contract and in accordance with the policies and procedures of the custodian of the records. The CORPORATION/LEAD FACILITY shall maintain policies and procedures for safeguarding the confidentiality of such data, and may be liable civilly or criminally under state or federal confidentiality laws, rules or regulations for the unauthorized release of such information.
- D. Unauthorized Disclosure: The CORPORATION/LEAD FACILITY shall maintain the confidentiality of all records related to this contract in accordance with state and federal laws and regulations. The CORPORATION/LEAD FACILITY shall protect from unauthorized disclosure all confidential records and data, including but not limited to the names and other identifying information of persons receiving services pursuant to this contract, except for statistical information not identifying any client. The CORPORATION/LEAD FACILITY shall not use such identifying information for any purpose other than carrying out the CORPORATION/LEAD FACILITY'S obligations under this contract.

X. QUALIFICATIONS OF STAFF

- A. The CORPORATION/LEAD FACILITY shall be responsible for assuring that all persons, whether they are employees, agents, subfacilities or anyone acting for or on behalf of the CORPORATION/LEAD FACILITY, are properly licensed, certified or accredited as required under applicable state law and the Iowa Administrative Code. The CORPORATION/LEAD FACILITY shall provide standards for service providers who are not otherwise licensed, certified or accredited under state law or the Iowa Administrative Code.
- B. HEALTH CARE PROVIDER'S CERTIFICATION REGARDING SUSPENSION AND DEBARMENT: The CORPORATION/LEAD FACILITY certifies pursuant to 31 CFR part 19 that neither it nor its principles are presently disbarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this contract by any federal department or agency. The CORPORATION/LEAD FACILITY further agrees to comply with the regulations implementing executive order 12549 regarding debarment and suspension.

XI. CONTRACT ADMINISTRATION

- A. STATUS OF THE CORPORATION/LEAD FACILITY: The CORPORATION/LEAD FACILITY shall at all times be deemed an independent contractor. The CORPORATION/LEAD FACILITY, its employees, agents, and any subfacilities performing under this contract are not employees or agents of the State of Iowa or any agency, department, or division of the state. The CORPORATION/LEAD FACILITY shall be responsible for all its withholding taxes, social security, unemployment, worker's compensation and other taxes and shall hold the DEPARTMENT harmless for any claims for same. If the CORPORATION/LEAD FACILITY is a non-profit organization or affiliated with a government organization, the CORPORATION/LEAD FACILITY shall file all required state and federal reports to maintain such status.
- B. COMPLIANCE WITH THE LAW: The CORPORATION/LEAD FACILITY, its employees, agents, and subfacilities shall comply with all applicable federal, state, and local laws, rules, ordinances, regulations, and orders when performing the work and services under this agreement, including without limitation the following: all laws applicable to the prevention of discrimination in employment, all laws applicable to the nondiscriminatory provision of

services or benefits, all laws applicable to accessibility of facilities, and all laws applicable to the use of targeted small businesses as subfacilities or suppliers. The CORPORATION/ LEAD FACILITY, its employees, agents, and subfacilities shall also comply with all federal, state, and local laws regarding business permits and licenses that may be required to carry out the work and services to be performed under this cooperative agreement.

XII. THE CORPORATION/LEAD FACILITY PROVIDER'S CERTIFICATION REGARDING LOBBYING

- A. The CORPORATION/LEAD FACILITY certifies that no Federal appropriated funds have been paid or will be paid, by or on behalf of the CORPORATION/LEAD FACILITY, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, or the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- B. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with any Federal contract, grant, loan, or cooperative agreement, the CORPORATION/LEAD FACILITY shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying" in accordance with its instructions.
- C. The CORPORATION/LEAD FACILITY shall require that the language of this section be included in the award documents for all subawards at all levels (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.
- D. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code of Federal Regulations. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

XIII. CORPORATION/LEAD FACILITY'S CERTIFICATION REGARDING BROKERING

- A. The CORPORATION/LEAD FACILITY certifies that no person or selling agency has been employed or retained to solicit and secure this contract upon an agreement or understanding for commission, percentage, brokerage, or contingency excepting bona fide employees or selling agents maintained by the CORPORATION/LEAD FACILITY for the purpose of securing business. For breach or violation of this certification, the DEPARTMENT shall have the right to terminate this contract without liability, or in its discretion, to deduct from the contract price or to otherwise recover the full amount of such commission, percentage, brokerage, or contingency.

XIV. CORPORATION/LEAD FACILITY'S CERTIFICATION REGARDING A DRUG FREE WORKPLACE

- A. The CORPORATION/LEAD FACILITY shall provide a drug free workplace in accordance with the Drug Free Workplace Act of 1988 and all applicable regulations. The CORPORATION/LEAD FACILITY is required to report any conviction of employees under a criminal drug statute for violations occurring on the CORPORATION/LEAD FACILITY'S premises or off the CORPORATION/LEAD FACILITY'S premises while conducting official business. A report of a conviction shall be made to the DEPARTMENT within five (5) working days after the conviction.

XV. CORPORATION/LEAD FACILITY'S CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

- A. Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee.

The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds.

The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; service health care providers whose sole source of applicable Federal funds is Medicare; or facilities where WIC coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

- B. The CORPORATION/LEAD FACILITY certifies that it will comply with the requirements of the Act and the provisions of Iowa's Smokefree Air Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.
- C. The CORPORATION/LEAD FACILITY agrees that it will require that the language of this certification be included in any subcontract or subaward that contains provisions for children's services and that all subrecipients shall certify accordingly. Failure to comply with the provisions of this law may result in the imposition of a civil monetary penalty of up to \$1,000 per day.

XVI. SUPERSEDES FORMER CONTRACTS: This contract supersedes all prior contracts between the DEPARTMENT and the CORPORATION/LEAD FACILITY for work and services provided in connection with this contract.

XII. AMENDMENTS: Any changes to this agreement will be valid only if made in writing and accepted by all parties to this agreement.

XVII. EFFECTIVE DATES: This agreement shall be in effect from the CORPORATION/LEAD FACILITY'S receipt of this contract from the date signed by the DEPARTMENT, for a term of six (6) years, or until terminated in accordance with Section V above.

Brenda Dobson, MS, RDN, LD Date Signed
Interim Director, Division of Health
Promotion & Chronic Disease Prevention

Facility Signature Date Signed



Iowa Care for Yourself - WISEWOMAN
APPLICATION FOR HEALTH CARE FACILITY & HEALTH CARE PROVIDER ENROLLMENT



CHECK ALL SERVICE TYPE(S) THAT APPLY: ☐ Clinic ☐ Private Practice ☐ Hospital ☐ Lab

Tax ID # _____ **NPI #** _____

FACILITY (Use official name/DBA) This is the location where services will be performed

Facility Name _____

Facility Mailing Address _____

Physical Address (If different) _____

Facility Telephone () _____ **Facility Fax** () _____

Facility Contact Person _____ **Title** _____

Telephone () _____ **Email Address** _____

BILLING AGENCY - Address where payments should be mailed

☐ Check the box if the billing agency address is the same as the Facility Mailing Address.

☐ Check the box if the Billing Agency NPI# is the same as the Facility NPI#. If different, please list below:

NPI # _____

Billing Agency Name _____

Billing Agency Mailing Address (if different from Facility) _____

Billing Telephone () _____ **Billing Fax** () _____

Billing Contact Person _____ **Title** _____

Telephone () _____ **Email Address** _____

SPECIAL REQUIREMENTS: All service Providers and facilities must be enrolled in the Care for Yourself – WISEWOMAN program to receive reimbursement for services.

Identified facilities listed below need to complete a separate Cooperative Agreement and Application for Health Care Facility & Health Care Provider Enrollment if not associated with the same Tax ID Number listed above. This will help ensure that eligible participants receive program services without being billed and health care facilities and health care providers receive appropriate reimbursement.

Laboratory name, address, phone _____

PARTICIPATING CFY – WISEWOMAN HEALTH CARE PROVIDERS

NAME(S) - Print the name of each participating health care provider that may bill the program. Include credentials .	LICENSE/ CERTIFICATE NUMBER	NPI NUMBER

AMENDMENTS: Any changes to this agreement will be valid only if made in writing and accepted by all parties to this agreement.

EFFECTIVE DATES: This agreement shall be in effect from Facilities receipt of the official contract signed by the DEPARTMENT for a term of six (6) years, or until terminated.

Authorized Facility Signature

Date

Care for Yourself Screening and Referral Recommendations

Applies to Grant Year 2 (July 1, 2014 through June 30, 2015)

Based on CDC WISEWOMAN Program Guidance

Measurement		Normal/ Desirable	Abnormal/Alert			
	Blood Pressure (mmHg) <u>Reminder:</u> Two Systolic and Diastolic readings must be recorded	<120 Systolic <i>and</i> <80 Diastolic	<u>Prehypertension</u> 120-139 Systolic or 80-89 Diastolic	<u>Stage 1 Hypertension</u> 140-159 Systolic <i>or</i> 90-99 Diastolic	<u>Stage 2 Hypertension</u> ≥160 Systolic <i>or</i> ≥100 Diastolic	ALERT* >180 Systolic <i>or</i> >110 Diastolic
	Total Cholesterol (mg/dL)	<200	Borderline-high 200-239	High ≥240		ALERT >400
	HDL Cholesterol (mg/dL)	40-59 ≥60 High (High is Desirable)	Too Low <40			
When women have fasted	LDL Cholesterol (mg/dL)	Optimal <100	Near Optimal/ Above Optimal 100-129	Borderline High 130- 159	High 160-189	Very High ≥190
	Triglycerides (mg/dL)	<150	Borderline-high 150-199	High 200-499	Very High ≥500	
	Blood Glucose (mg/dL)	FPG <100 OGTT <140	Prediabetes FPG 100-125 OGTT 140-199	Diabetes FPG ≥126 OGTT ≥200		ALERT* ≤50 ≥250
	Blood Glucose (Random/Casual) (mg/dL)	<200 with no symptoms	Diabetes ≥ 200 plus symptoms			ALERT* ≤50 ≥250
	HbA1c (or A1c)	Normal <5.7%	Prediabetes/At Risk 5.7% - 6.4%		Diabetes ≥6.5%	
	Height & Weight - Body Mass Index (BMI kg/m²)	18.5-24.9	Overweight 25-29.9	Obesity (Class 1) 30-34.9	Obesity (Class 2) 35-39.9	Extreme Obesity (Class 3) ≥40
	Waist Circumference	≤35 inches (88 cm)	>35 inches (waist measurement >35 inches for adult women is considered an indicator of heart disease risk)			
	Waist-to-Hip Ratio – women (divide the waist circumference measurement by the hip circumference, in inches)	≤0.8	>0.8			

The table represents the measurements that at minimum, are expected to be done on all comprehensive *Care for Yourself* participants at baseline/annual screening appointment. Fasting cholesterol and glucose (with a minimum 9-hour fast) is preferred, in some instances it may not be convenient to require the women to fast prior to their appointment. The program measurements are allowed to be completed within 30 days either side of the annual exam screening visit date (30 days before or 30 days after the annual screening visit date).

Women who have **abnormal values** for **blood pressure** should return for a follow-up office visit within one to three weeks from the date of the baseline abnormal result finding (screening office visit date). Guidance based on: NHANE, NHLBI - ATP III, JNC-7, Standards of Medical Care in Diabetes (2014) by American Diabetes Association, and American College of Sports Medicine [ACSM, 2008] are the recommendations used to identify abnormal and alert values for the WISEWOMAN Program.

*Women with **ALERT value Blood Pressure and/or ALERT value Glucose** must be evaluated and treated **immediately or within 1 week (or seven business days)** though evidence of a documented health care provider office visit or treatment, depending on the clinical situation and complications, in accordance with national and program guidelines. **For the Alert Value Glucose follow-up visit, repeat fasting labs and/or an additional A1C will not be paid at this time.** Complete the Iowa Care for Yourself program Heart Disease Risk Follow-Up form.

Note: CDC WISEWOMAN funds cannot be used for treatment, including medications.





Screening for High Blood Pressure: Clinical Summary of U.S. Preventive Services Task Force Recommendation

Population	Adult General Population¹
Recommendation	Screen for high blood pressure Grade: A

Screening Tests	<p>High blood pressure (hypertension) is usually defined in adults as: systolic blood pressure (SBP) of 140 mm Hg or higher, or diastolic blood pressure (DBP) of 90 mm Hg or higher.</p> <p>Due to variability in individual blood pressure measurements, it is recommended that hypertension be diagnosed only after 2 or more elevated readings are obtained on at least 2 visits over a period of 1 to several weeks.</p>
Screening Intervals	<p>The optimal interval for screening adults for hypertension is not known.</p> <p>The Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7) recommends:</p> <ul style="list-style-type: none"> • screening every 2 years with BP < 120/80 • screening every year with SBP of 120-139 mmHg or DBP of 80-90 mmHg
Suggestions for Practice	<p>A variety of pharmacological agents are available to treat hypertension. JNC 7 guidelines for treatment of hypertension can be accessed at www.nhlbi.nih.gov/guidelines/hypertension/jncintro.htm.</p> <p>The following non-pharmacological therapies are associated with reductions in blood pressure:</p> <ul style="list-style-type: none"> • reduction of dietary sodium intake • potassium supplementation • increased physical activity, weight loss • stress management • reduction of alcohol intake
Other Relevant Recommendations from the USPSTF	<p>Adults with hypertension should be screened for diabetes.</p> <p>Adults should be screened for hyperlipidemia (depending on age, sex, risk factors) and smoking.</p> <p>Clinicians should discuss aspirin chemoprevention with patients at increased risk for cardiovascular disease.</p> <p>These recommendations and related evidence are available at www.preventiveservices.ahrq.gov.</p>

For the full [recommendation statement](#) and [supporting documents](#) please go to <http://www.uspreventiveservicestaskforce.org>.

¹ This recommendation applies to adults without known hypertension.